



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 19.4

Subject: Emergency Mental Health Referrals and Transfers for Youth in Youth Development Centers

Supersedes: DCS 19.4, 01/01/02

Local Policy: No

Local Procedures: No

Training required: Yes

Applicable Practice Model Standard(s): Yes

Approved by:

Effective date: 06/01/99

Revised date: 04/01/05

Application

To All Department of Children's Services Youth Development Center Employees, Case Managers, Special Populations Employees and Home County Case Managers

Authority: TCA 37-5-106, 33-3-412

Policy

A licensed physician, licensed psychologist or licensed psychiatrist designated as a health services provider shall properly evaluate youth in youth development centers that have been assessed as in need of emergency mental health treatment and shall be referred for transfer to the Department of Mental Health and Developmental Disabilities (DMH/DD).

Procedures

A. Criteria for emergency mental health referral

Youth development center staff must be responsible for identifying youth who are mentally ill and in need of emergency residential care and treatment for mental illness that cannot be provided at an appropriate DCS facility and that can be provided at an appropriate residential program of DMH/DD.

B. Clinical assessment

Upon identifying youth who are mentally ill and in need of emergency residential care and treatment, the superintendent/designee must ensure that youth appearing to meet the criteria in *Section A* above are referred to a licensed physician,

licensed psychologist or licensed psychiatrist designated as a health services provider for assessment.

C. Certification of need

If assessment/evaluation by the licensed physician, licensed psychologist or licensed psychiatrist designated as a health services provider determines that the youth meets the criteria for emergency transfer, the evaluator must complete a statement certifying the need for emergency mental health treatment services and describing the youth's behavior or condition that necessitates the transfer.

D. Transfer of custody

1. If the need for emergency mental health treatment services is certified, the superintendent/designee shall immediately transfer the youth to a facility of the DMH/DD upon receiving a written recommendation to transfer from a licensed physician, licensed psychologist or licensed psychiatrist designated as a health services provider.
2. DCS facility staff must ensure that the youth is safely transported to the facility of the DMH/DD along with a copy of the certification of need, form CS-0065, *Formal Letter of Transfer*, and the evaluator's description of the behavior or condition that necessitates the transfer.

E. Youth consent

No prior notification or consent of the youth is required for an emergency mental health transfer.

F. Documentation

The youth development center superintendent/designee must:

- ◆ Notify the DCS mental health manager by telephone or FAX of all emergency mental health transfers by the next working day,
- ◆ Notify the youth's parents and home county case manager within twenty-four (24) hours, and
- ◆ Distribute form CS-0065, *Formal Letter of Transfer*.

G. Transfer of records

If the mental health institute does not return the youth within seventy-two (72) hours, facility staff must send a copy of the youth's case file, including health records, to the DCS mental health manager.

H. Return

1. Non-emergency status

If within the first five (5) calendar days, the mental health program determines that the youth does not meet the emergency criteria, the sending DCS facility must be notified and must transport the youth back to the facility.

2. Follow-up regarding standard referral

When the emergency transfer youth is returned to the DCS facility, facility staff must pursue standard referral and transfer to DMH/DD, if appropriate. If the decision is made not to do a standard referral of youth, the facility staff must notify the DCS mental health manager as to the reason. Notification must be made by the tenth (10) working day following the youth's return from an emergency transfer.

I. Staff training

All direct care staff must receive training in the recognition of signs and symptoms of mental illness.

Forms

CS-0065 Formal Letter of Transfer

Collateral Documents

None

Standards

ACA 3-JTS-4C-41

DCS Practice Model Standard – 7-122D

DCS Practice Model Standard – 7-125D

DCS Practice Model Standard – 8-306